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Fill in this information to identify the case:					
Debtor 1	Khadri Abdus-Saboor				
Debtor 2	Rashida R. Patience				
(Spouse, if filing)					
United States Bankruptcy Court for the: <u>Eastern</u> District of <u>Pennsylvania</u> (State)					
Case number <u>21-10006</u>					

Official Form 410

Proof of Claim 04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled on privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents**; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the C		Claim					
1.	Who is the current creditor?	Ally Financial Name of the creditor (the person or entity to be paid for this claim)					
		Other names the creditor used with the debtor					
2.	Has this claim been acquired from someone else?	✓ No ☐ Yes. From whom?					
3.	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)				
	Federal Rule of	Ally Financial	PAYMENT PROCESSING CENTER				
	Bankruptcy Procedure	Name	Name				
	(FRBP) 2002(g)	PO Box 130424 Number Street	P.O. Box 78367 Number Street				
		Roseville MN 55113-0004 City State Zip Code	Phoenix AZ 85062-8367 City State Zip Code				
		Contact phone 800-495-1578	Contact phone 800-495-1578				
		Contact email N/A	Contact email N/A				
		Uniform claim identifier for electronic payments in chapter 13 (if you use one):					
4.	Does this claim amend	√ No					
	one already filed?	☐ Yes. Claim number on court claims registry (if known) Filed on					
			MM / DD / YYYY				
5.	Do you know if anyone	√ No					
	else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?					

Official Form 410 Proof of Claim Page 1

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P	art 2: Give Information	ı Abou	ıt the	Claim as of the Date the Case Was Filed
6.	Do you have any number you use to identify the debtor?	□	No Yes.	Last 4 digits of the debtor's account or any number you use to identify the debtor: 2252
7.	How much is the claim? * Claimant reserves right to amend its claim, in an unsecured deficiency.	\$2,21 ncluding b		Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Atta Limi	ch reda t disclo	Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. acted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). using information that is entitled to privacy, such as health care information.
9.	Is all or part of the claim secured?		No Yes.	The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. Motor Vehicle Other Describe: 2010 CADILLAC SRX VIN: 3GYFNAEY6AS646972 Basis for perfection: Certificate of Title/Lien Notice Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of the property: \$6,825.00 Amount of the claim that is secured: \$2,214.05 Amount of the claim that is unsecured: \$0.00 (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$2,214.05 Annual Interest Rate (when case was filed) 11.39% * May not reflect rate entitled to under In re Till Fixed Variable
10). Is the claim based on a lease?	✓	No Yes.	Amount necessary to cure any default as of the date of the petition. \$
1^	I. Is the claim subject to a right of setoff?	✓	No Yes.	Identify the property:

Official Form 410 Proof of Claim Page 2

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12. Is all or part of the claim	✓	No				
entitled to priority under 11 U.S.C § 507(a)?		Yes.	Check one:			Amount entitled to priority
A claim may be partly priority and partly	[mestic support obliga U.S.C. § 507(a)(1)(A)		y and child support) under	\$
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	[lease, or rental of property or . 11 U.S.C. § 507(a)(7).	\$
, ,	[bef		etition is filed or the del	50.00*) earned within 180 days btor's business ends, whichever i	s \$
	[_ Tax	kes or penalities owed	d to governmental units	s. 11 U.S.C. § 507(a)(8).	\$
	[☐ Co	ntributions to an empl	oyee benefit plan. 11 l	J.S.C. § 507(a)(5).	\$
	[] Oth	ner. Specify subsectio	n of 11 U.S.C. § 507(a)() that applies.	\$
	*	Amount	s are subject to adjustmen	at on 4/01/2022 and every 3	years after that for cases begun on or af	ter the date of adjustment.
Dard 2						
Part 3: Sign Below						
The person completing this proof of claim must	Check th	e appr	opriate box:			
sign and date it.	☐ I am the creditor.					
FRBP 9011(b).			reditor's attorney or a	•	ant Bankruntov Bula 3004	
If you file this claim electronically, FRBP	 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. 					
5005(a)(2) authorizes courts to establish local rules specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.					
A person who files a	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.					
fraudulent claim could be fined up to \$500.000,	I declare under penalty of perjury that the foregoing is true and correct.					
imprisoned for up to 5 years or both. 18 U.S.C. §§ 152, 157, and	Executed on date 02/17/2021 MM / DD / YYYY					
3571.	lel H	eather	Lockman			
	Signa		Lockman			
	Print the name of the person who is completing and signing this claim:					
	Name	Heat	her Lockman			
		First r	name	Middle name	Last name	
	Title	Bank	ruptcy Coordinator			
	Company Ally Servicing LLC Identify the corporate servicer as the company if the authorized agent is a servicer.					
	Address	4000 Num	Lexington Ave. N. Suber Street	uite 100		
		Shor	eview		MN 5	55126
		City				Zip Code
	Contact	ohone	800-495-1578		Email <u>I</u>	<u>N/A</u>

Cases2421144193966neth 1200ain2613 Fifteelc0261075225 Diester Attha06/105/12511674125674 of Diesc Exhibit B Page 4 of 5 CERTIFICATE OF SERVICE

I, the undersigned, declare as follows:

I am over the age of 18 years and not party to this action. My business address is PO Box 130424, Roseville, MN 55113.

I am readily familiar with the business practices of my employer for the collection and processing of documents and correspondence for mailing with the United States Postal Service and those correspondence and documents are deposited with the United States Postal Service that same day, or within one business day, in the ordinary course of business.

On February 17, 2021, I served the following document:

· Proof of Claim with all Exhibits and Attachments

in the method or methods described below and if served via U.S. Mail, by placing copies of said documents in sealed envelopes and addressed as follows:

DebtorAttorneyTrusteeKhadri Abdus-SaboorMICHAEL A. CIBIK2WILLIAM C MILLER437 E mt Pleasant AveServed ElectronicallyServed ElectronicallyPhiladelphia, PA 19119

I then placed said envelopes for collection and mailing at my employer's office following ordinary business practices, addressed to the parties so designated above.

I declare under penalty of perjury that the foregoing is true and correct. Executed on February 17, 2021, at Shoreview, Minnesota.

Signed: /s/ Heather Lockman

Bankruptcy Coordinator Ally Servicing LLC PO Box 130424 Roseville, MN 55113 800-495-1578 Fax: 651-367-2005

CaSas24211441GGQ6netf 120dati22613 Ffithelc0261075225 DEstandon/0.6/0.6/0.5/1251.16P42g575 of Desc Exhibiti. Rs. B. Ragae, 50 of 15

for the Eastern District of Pennsylvania

In Re: Khadri Abdus-Saboor and Rashida R. Patience

 $Case\ No.:\ 21\text{-}10006-Chapter:\ 13$

Vehicle: 2010 CADILLAC SRX VIN: 3GYFNAEY6AS646972

Itemization of "Other Charges" - Proof of Claim Dated February 17, 2021

The claim of Ally Financial includes the following other charges in addition to the principal amount of \$1,317.07:

Accrued Pre-petition Late Charges	\$881.81
Accrued Finance Charges	\$15.17
Total:	\$896.98